

Foster Family Home - Corrective Action Report

Provider ID: 1-200070

Home Name: Odessa V. Bali, CNA

94-460 Awamoi Street

Waipahu

HI 96797

Review ID: 1-200070-1

Reviewer: David Ayling

Begin Date: 12/30/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/30/21.

Foster Family Home

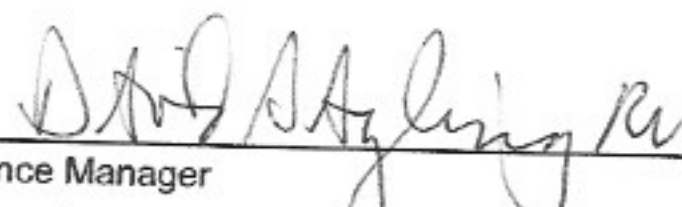
Personnel and Staffing

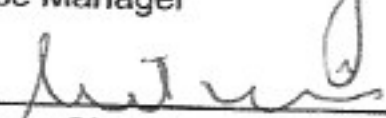
[11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) - No proof of building permit for 2 additional rooms.


Compliance Manager


Primary Care Giver

12/30/2020
Date

12/30/2020
Date

CTA RN Compliance Manager: DAVID AYLING

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: ODESSA V. BALI

CCFFH Address: 94-460 AWAMOI STREET WAIPAHU, HAWAII, 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41.(b)(6)	I have already applied for the building permit for the two additional rooms.	01/03/2024	I will make sure that there are building permits for any constructions in the house

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 01/03/2024

☒ CTA has reviewed all corrected items